CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			· · · · · · · · · · · · · · · · · · ·			
The C/OH Instruction G	Guide explains how to	complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	1	МІ	OFFIC	E USE ONLY
NAME	Mr	Michael		R	Date Received	011/2/2
	NICKNAME	LAST		SUFFIX	, Date 110001100	0111213147
	Mike	Southerlar	nd	Sr	,	ENFD
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE	RE	SEIVED
OFFICEHOLDER MAILING ADDRESS	3401 Parkway Ter Bryan TX 77802			LE CALLES BEAUGE		
Change of Address					. A	The state of the s
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENS	ION		
OFFICEHOLDER PHONE	() 979	229 7805			Date Hand-delive	red or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mrs	Tana		В	Date Processed	
	NICKNAME	LAST		SUFFIX	Data Issaed	
		Southerlan	d		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE;	ZIP CODE	
TREASURER ADDRESS	2404 Dodgood	T D TV	77000			
(Residence or Business)	340 i Parkwa	ay Ter Bryan TX	77802			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENS	ION		
TREASURER PHONE	()	979 229 7805				
		010 220 1000				
9 REPORT TYPE	January 15	30th day before e	lection Ru	noff	15th day	after campaign
		-				r appointment ilder Only)
	July 15	8th day before ele	ction Exc	ceeded \$500 limit	Final Re	port (Attach C/OH - FR)
	!					
10 PERIOD COVERED	Month	Day Year		Month	, .	ear
	7 /	1 / 2017	THROUGH	9 /	28 /20	17
11 ELECTION	ELECTION DATE			ELECTION TYPE		
II ELECTION	Month Day	Year Primary	Runoff	Other		
	11/ 7/	2017 General	Special	Description		
	11/ //	2017				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known)	
	Bryan City Co	ouncil SMD 4		0 11 0		
			Brya	an City Cou	ıncil AMD 4	
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME M	ichael R "Mike	e" Southerland , Sr	5 Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
į	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	[_]SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION				
TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,210.00	
EXPENDITURE TOTALS	3. TOTAL F	\$ 70.00		
	4. TOTAL POLITICAL EXPENDITURES \$		\$ 284.07	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ \$3,630.91	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 3,787.87	
18 AFFIDAVIT				
		true and correct and includes all info under Title 15, Election Gode.	erjury, that the accompanying report is prination required to be reported by me	
		Signature of Cano	didate or Officeholder	
AFFIX NOTARY STAM	P/SEALABOVE		,	
Sworn to and subsci		by the said Michael R "Mike" Southerland, So	Sr, this the 104h	
Signature of officer a	dministering oath	Mary L Straffa Printed name of officer administering oath	ify Secretary Title of officer administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Michael R "Mike" Southerland, Sr	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 2,000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 214.07
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael R "Mike" Southerland, Sr 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ **CG Mancuso** 9/1/2017 \$100.00 6 Contributor address; City; State; Zip Code PO Box 5611 Bryan TX 77805 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Richard Pena 9/15/17 \$300.00 Contributor address; City; State; Zip Code 2902 W 28th St Bryan TX 77803 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:____ Amount of contribution (\$) Mary K Joyce 9/22/2017 \$250.00 Contributor address; City; State; Zip Code 3924 Park Meadow Ln Bryan TX 77802 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ 9/22/2017 Lloyd Joyce \$250.00 Contributor address; City; State; Zip Code 3924 Park Meadow Ln Bryan TX 77802 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



MONE	TARY POLITICAL CONTRIE	BUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedul A1:
2 FILER NAME	Michael R "Mike" Southerland, Sr		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/2017	5 Full name of contributor out-of-state PAC (Karen Hall 6 Contributor address; City; State; 6111 SH 21 E Bryan TX 77803	7 Amount of contribution (\$) \$50.00	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/21/2017	Full name of contributor	D#:)	Amount of contribution (\$) \$50.00
	6111 SH 21 E Bryan TX 77803		
Principal occuj	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:) Zip Code	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES OF		

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Michael R "Mike" Southerland, Sr 4 TOTAL OF UNITEMIZED LOANS \$ Date of loan 7 Name of lender out-of-state PAC (ID#:___ 9 Loan Amount (\$) 9/6/2017 \$2,000.00 Michael R "Mike" Southerland Sr 6 Is lender 10 Interest rate 8 Lender address: State; Zip Code a financial Institution? 3401 Parkway Ter Bryan TX 77802 11 Maturity date 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) Retired 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) **INFORMATION** City; 18 Guarantor address: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ Interest rate Is lender Lender address; City; State; Zip Code a financial Institution? Maturity date Υ Ν Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Name of guarantor Amount Guaranteed (\$) INFORMATION City; State; Zip Code Guarantor address: not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses of listed above)

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salarie The Instruction Guide explains how t	s/Wages/Contract Labor o complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	² FILER NAME Michael R "Mike" Southerland, Sr		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
8/30/2017	Brazos County Voter Registration				
6 Amount (\$)	7 Payee address; City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·		
\$35.00	302 E 24th St Bryan TX 77803				
Reimbursement from political contributions intended	·				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Other Meterliet	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
EXPENDITURE	Other - Voter List				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name DH	Office sought	Office held		
Date	Payee name				
9/25/2017	Vistaprint USA Inc				
Amount (\$)	Payee address; City; State; Zip Code				
\$57.58					
Reimbursement from political contributions intended	95 Hayden Av Lexington, MA 0242	21			
	Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF		Check if travel outsid	e of Texas. Complete Schedule T.		
EXPENDITURE	Print Expense - Business Cards				
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held		
- Put			* * * * * * * * * * * * * * * * * * * *		
Date V	Payee name				
9 10/7/2017	Vistaprint USA Inc				
Amount (\$)	Payee address; City; State; Zip Code				
\$121.49	OF Handan And animates MA 00404				
Reimbursement from	95 Hayden Av Lexington, MA 02421				
political contributions intended					
DUDDOOS	Category (See Categories listed at the top of this schedule)	(b) Description			
		Check if travel outsid	e of Texas. Complete Schedule T.		
EXPENDITURE	Other- Website Expense	Check if Austin, T	X, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					